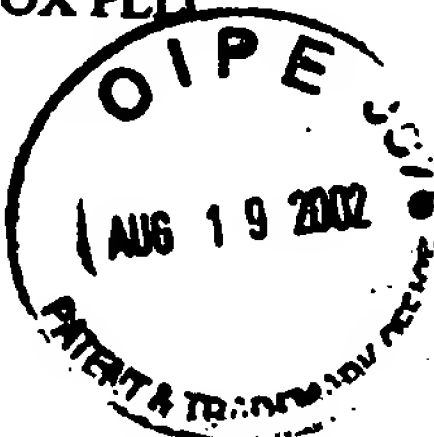


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE/FEE**
Commissioner for Patents
Washington, D.C. 20231
Fax (783)746-4890

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

7590 07/16/2002
STERNE KESSLER GOLDSTEIN AND FOX PLLC
SUITE 600 1100 NEW YORK AVENUE NW
WASHINGTON, DC 200053934



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO. 09/448,868	FILING DATE 11/24/1999	FIRST NAMED INVENTOR JIAN NI	ATTORNEY DOCKET NO. 1488.1300004	CONFIRMATION NO. 5546
TITLE OF INVENTION: DEATH DOMAIN CONTAINING RECEPTOR-4 ANTIBODIES				

APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE \$1280	PUBLICATION FEE \$0	TOTAL FEE(S) DUE \$1280	DATE DUE 10/16/2002
EXAMINER KAUFMAN, CLAIRE M		ART UNIT 1646	CLASS-SUBCLASS 435-069100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sterne, Kessler,
 Goldstein & Fox, P.L.L.C.
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 (B) RESIDENCE: (CITY and STATE OR COUNTRY)

HUMAN GENOME SCIENCES, INC. ROCKVILLE, MD.

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Elizabeth J. Haanes, Ph.D. (Date) August 19, 2002
 Reg. # 42,613

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